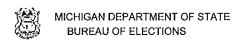


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CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

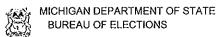
| COVER PAGE | | | | | | | |
|--|--|--|---------------------------|--------------------------------------|--------------------------|-------------------------|---|
| Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca | signed by andidate. | 3. This Statement cove | 'ers: ബേ | 09/03/14 | to | 10/19/14 | |
| 1. Committee I.D. Number | | 4. Candidate Last Na | ame | F | irst Name | | M.I. |
| 150579 | | Davis | | Joe | | | |
| 2. Committee Name | | 4a. Office Sought Including District # or Community Served (If applicable) 4th District County Commissioner | | | | | |
| Joe Davis For County Commis | ssoner | 4b. County of Residence | | | | | |
| 5. Committee's Mailing Address | | 6. Treasurer's Name 8 | & Resider | ntial Address | | | ///////////////////////////////////// |
| 909 N. Wenona Street | | Ali Senk | | | | | |
| Bay City, MI 48706 | | 405 S. Catherine St. | | | | | |
| | | Bay City, 48706 | | | | | |
| | | Day Oity, 4070 | U | | | | |
| Area Code and Phone If the address in this box is different from the commit mailing address on the Statement of Organization, n be sent to this address by the filing official. | llee nail may | Area Code & Phone | | | | | |
| 7. Treasurer's Business Address | | 8. Designated Record | | Name and Mail | ng Addres | s (If the com | ımittee has a |
| 415 Washington Ave. | | | Designated Record Jeeper) | | | | |
| Bay City, MI 48706 | | | Joe Davis | | | | |
| | | 989 N. Wenona | | | | | |
| | | Bay City, MI 48 | 3706 | | | | |
| | | | | | | | |
| | | | | | | | |
| Area Code and Phone | | Area Code and Phone | · | | | | _ |
| 9. TYPE OF STATEMENT | | - | i | 9d. Dissolution | of Candi | date Comm | Ittee |
| 9a. Pre-Election OR 9b. Post-Election | Required ON is not on the bt optnexd` \$\phi\$ | | | ax sad bnl littee | e to the b'r | nche" ad na ah | mx nitsrsimchnif colas r noggdqronitrd hr gdqd |
| Pre-Election or Post-Election Statement relates to: | | | | ax discharged ar the committee, 3 | ıd forgiven Sad bnl 1 | and nolong beddg`rmn | ntars, mohnt , trqar+ |
| Primary | July Quarte | erly | | nvdrmn-Redrede | ir nqgʻrʻ | mx ntersimol | inf cdas- |
| General | October Q | uarterly | | Et candothagne chr | rnli damh' | mmead fair | undetan, santrad |
| Convention | | | ļi | Etægda+heægechr bnmrhodado app | drsenqsgo | i Qdonqinf | V hudq |
| | | | | | | | |
| Special | ^{9c.} Annua | Statement ((| (' | ⊏#a ati | | dissolution | |
| School | | Coverage Ye | ear | Enecu | e date of t | nesolution | |
| Caucus | | clidmssn B`lo`lfmRs`s | | | | | |
| | | kdsd Hodi 8`+8a+8b.nq8o d∨gfbog Rs`sdidmsfradi | | Note: The dispos | ition of res | sidual funds | must be reported on |
| | amend | | | Rbgdct kd 1B and | the Sumn | nary Page. | |
| Date of Election, Convention or Caucus | | | | | | | |
| 11-4-2014 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 10. Verification: I\We certify that all reasonable diliger | nce was used i | n the preparation of this | statemer | nt and attached s | chedules (| if any) and t | o the best of |
| my\our knowledge and belief the contents are true, at | ccurate and co | mplete. | | | | , | |
| Current Treasurer or Ali Senk | | 70 1/11 | 0// | 11/1 | | 40 | 24.44 |
| Designated Record Jeeper | | 1 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 771 | $N \bigvee \bigvee$ | — Date | 10- | 21-14 |
| Type or Print Name | | Signature |) | | | | |
| Candidate Joe Davis | | 14115 | | | Date | 10- | -21-14 |
| Type or Print Name | | Signature | | | | | |



SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name _____

| RECEIPTS | | Column I | Column II |
|---|-----------|----------------|--------------------------------|
| 3. Contributions | | This Period | Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | 1,975.00 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | | NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ | \$1,975.00 | (18.) \$ \$2,225.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | | (20.) \$ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | <u></u> | (21.) \$ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | | (22.) \$ |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | \$3,635.00 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | | |
| c. Unitemized (less than \$50.01 each - no Schedule) | | | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ | \$3,635.00 | (23.) \$ \$3,834.64 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ | | |
| b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS | (10b.) \$ | | |
| (Add Line 10a + Line 10b) | (11.) \$ | | (24.) \$ |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | | |
| | BAL | ANCE STATEMENT | |
| 13. Ending Balance of last report filed | (13.) | \$ _\$1,795.56 | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | | \$ \$1,975.00 | |
| (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 | (15.) = 3 | \$_\$3,770.56 | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - | § \$3,635.00 | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) | \$ \$135.56 * | |
| | | | |



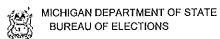
ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

150579 1. Committee I.D. Number _

2. Committee Name Joe Davis for County Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | , 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 09/18/14 Name & Address: | | |
| Ronald Martin 6789 Maple Rd. Ludington, MI 49431 | _{\$} 100.00 | _ş 100.00 |
| 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Operator's Union local #324 | Click Here fo | or Memo Itemization |
| Business Address | | |
| Type of Contribution: ✓ Direct Loan from a person Fund Raiser | 1400 | · |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 09/26/14 Name & Address | _ | |
| Joel Gougeon 241 Donahue Beach Bay City, MI 48706 | _{\$} 250.00 | _{\$} 250.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Retired Employer Lobbiest | | |
| Business Address | | |
| Type of Contribution: | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 09/26/14 Name & Address: | | |
| Terry Kelly 164 Bay Shore Dr. Bay City, MI 48706 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Retired Employer GM | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 09/30/14 Name & Address | _ | |
| Vaughn Begick 5353 Lorraine Ct. Bay City, MI 48706 | _{\$} 100.00 | _{\$_} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation PA Employer Redi Med | _ | |
| Business Address | | |
| Type of Contribution: | | 1 |
| Page Subto | \$550.00 | |
| Grand Total of All Schedules 1 | | |
| (Complete on last page of Schedu | Enter this total on line 3a of Summary Page. | |



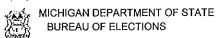
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number ____150579

CANDIDATE COMMITTEE

2. Committee Name Joe Davis For County Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/01/14 Name & Address: | | |
| Robert Bloenk 1111 N. Water St. | 100.00 | <u>,</u> 100.00 |
| Bay City, MI 48708 | _{\$} 100.00 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Clinic Hara fo | or Memo Itemization |
| Occupation Retired Employer Teacher | Click Here to | or Memo Itemization |
| Business Address | | |
| Type of Contribution: V Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/04/14 Name & Address | | |
| Dennis Poirier 1265 Orchard Rd. Essexville, MI 48732 | _{\$} 100.00 | _{\$} 100.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Retired Employer Teacher | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/08/14 Name & Address: | | |
| Alvin Ortner 11405 King Rd. | _{\$} 50.00 | _{\$} 50.00 |
| Frankenmuth, MI 48734 | Click Here for | Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | CHOK FIGIC IOI | Momo Romization |
| Occupation Retired Employer Farmer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/08/14 Name & Address | | |
| Patricia Shorkey 53 Wheeler Rd. Bay City, MI 48706 | _{\$} 25.00 | _{\$} 25.00 |
| 5. If over \$100.00 cumulative, please provide: | Click Horo for | Memo Itemization |
| Occupation County Clerk employee Employer County Clerk's office | Click riele loi | Metho iternization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | \$275.00 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on line 3a of Summary Page. | J |



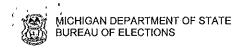
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number ______150579

2. Committee Name Joe Davis For County Commissioner

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | | | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|--|--------------------|----------|--------------------------------|--|--|
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date of | of Recei | pt _10/10/14 | | |
| Kathleen Janer 1701 Mosher Str Bay City, MI 487 | | | | | _{\$} 50.00 | _{\$} 50.00 |
| 5. If over \$100.00 cum | ılative, please pro | vide: | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | ✓ YES 4. Date o | f Recei | pt 10/14/14 | | |
| Bay County Report PO Box 426 Bay City, MI 487 | · | | | | ş 1000.00 | _{\$} 1000.00 |
| 5. If over \$100.00 cumu | | vide: | | | Click Here fo | r Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date | of Rece | ^{ipt} 10/14/14 | | |
| Harlan Halvorser 2200 Neithamme Bay City, MI 487 | er Drive 06 | | | | \$ 100.00 | \$ 100.00 |
| 5. If over \$100.00 cumu | ilative, please pro | | aalih | | | |
| Occupation Retired | | Employer Mental H | Санн | | | |
| Business Address | Direct | Loan from a person | — Г | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | of Rece | | | |
| Name & Address | | | | | | |
| | | | | | \$ | \$ |
| 5. If over \$100.00 cumu | ılative, please pro | vide: | | | Click Here for | · Memo Itemization |
| Occupation | | _ Employer | | | Onor Horo to | morno nomezara |
| Business Address | ······································ | | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | | |
| | | | | Page Subtotal | \$1,150.00 | |
| | | | Gr | and Total of All Schedules 1A | \$1,975.00 | |
| Page 3 of 3 | | | (Comp | lete on last page of Schedule) | Enter this total on line 3a of Summary Page. | - |



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

150579

1. Committee I. D. Number

2. Committee Name Joe Davis For County Commissionner

| 2.0 | ommittee Name | | |
|--|---|------------------|-------------------|
| 3. Name and address of person or vendor to whom paid | Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name US Postmaster | | 09/17/14 | . 045 00 |
| Washington Avenue | 01 | Date | \$ <u>245.00</u> |
| Address Bay City, MI 48708 | Purpose: Stamps | Date | |
| bay City, MI 40700 | | Hara for Mama | Itemization Type |
| | CROK | Hele for Mellio | nemzaton rype |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| | statement | | |
| Expenditure #2 | | | |
| Name US Postmaster | | 09/26/14 | \$ 245.00 |
| Washington Avenue | | Date | \$ 245.00 |
| Address Bay City, MI 48708 | Purpose: Stamps | Balo | |
| • | | | |
| | Click I | Here for Memo | Itemization Type |
| | Check box if this expenditure is payment of | | |
| □· | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #3 | | | |
| Name Mid Michigan Printing | | 00/04/44 | |
| | | 09/24/14 | \$ 345.00 |
| 3849 Rogers Road ^{Address} Midland, MI 48642 | Purpose: Campaign Literature | Date | |
| midiand, mi 40042 | - | | |
| | Click F | lere for Memo | Itemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous | | |
| Expenditure #4 | statement | | |
| No | | | |
| Name Winning Strategies | | 10/16/14 | • 2000 00 |
| 515 Morrish Road | Compoian mailing 9 1 it | Date | \$ <u>2800.00</u> |
| Address Flushing, MI 48433 | Purpose: Campaign mailing & Lit | | |
| | Olfsteid | laar faa bilaara | Nasivaliaa Tura |
| | | Tere for Merito | Itemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| | | | |
| Name | | | • |
| Address | Purpose: | Date | \$ |
| , 100,000 | r dipose. | | |
| | Click H | lere for Memo | Itemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Paigar | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| | Subto | tal this page | \$3,635.00 |
| | Grand Total of all S | Schedules 1P | |
| | (Complete on last page | 1 | \$3,635.00 |

Enter this total on line 8a of Summary Page

Page _____ of ____